

Case Number:	CM14-0156978		
Date Assigned:	09/29/2014	Date of Injury:	09/15/1999
Decision Date:	10/31/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/25/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in New Jersey. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The worker is a 72 year old female who was injured on 9/15/1999. She was diagnosed with lumbar pain and sciatica, knee pain, cervical disc disease bilateral wrist pain, and right shoulder pain. She also had a medical history significant for scoliosis and osteoporosis. She was treated with surgery (cervical), opioids, Synvisc injection, and muscle relaxants. There is limited documents available for review listing her entire treatment history. On 5/15/2014, the worker returned to her primary treating physician for a follow-up reporting increased knee pain which has contributed to worsening her low back pain. Physical examination revealed scoliosis to the right, tenderness over T6-T8 and over midline lumbar spine, paralumbar areas, bilateral PSIS, and iliotibial band. Right calf is larger than left, and there was decreased sensation to the posterior-lateral calf on the right side. She was then recommended to attend supervised physical therapy for her hips and lumbar spine and to continue taking Soma and Ultracet for her pain and muscle spasm.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Physical Therapy 2x week x 6 weeks Lower Back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Page(s): pp. 98-99.

Decision rationale: Physical therapy in the form of passive therapy for the lower back is recommended by the MTUS Guidelines as an option for chronic lower back pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used, but only if needed. The MTUS Guidelines allow up to 10 supervised physical therapy visits over 8 weeks for lower back pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker in this case, was complaining of low back pain and knee pain. It is unknown due to lack of documentation whether or not the worker had exhausted her number of supervised physical therapy sessions in the past or if she benefitted from them since it has been many years since her injury. Also, there is not any evidence that she was performing any home exercises to maintain strength and fitness. There was also no explanation why she wouldn't be able to perform home exercises after basic instruction by the primary treating physician rather than via a supervised physical therapist. Also, the request was beyond the generally recommended number of sessions. Therefore, the physical therapy is not medically necessary.